

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number 015-001827

GENERATOR	(Generator Must Complete)	(3) Designated TSD Facility (Authorized to operate under an approved state program or federal program)	(4) Alternate TSD Facility
(2) Name <u>ALUMINUM CO OF AMERICA OPERATING EMP</u> EPA NO. <u>CAD0074126681</u> Address _____ Phone No. _____ City, State, Zip _____		Name <u>RETURN</u> EPA NO. _____ Address _____ City, State, Zip _____	

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: _____
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER _____

6 WASTE CATEGORY <u>#7</u>	7 EX. HAZ. WASTE PERMIT NO. _____			8 GENERATING PROCESS _____			
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
9 A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material _____ %			
10 WASTE PROPERTIES: pH <u>7</u> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen							
11 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <u>ALUMINUM OXIDES, WATER</u>							
12 SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____							

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

**IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802**

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Signature of Authorized Agent and Title

Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)
 (14) NAME **ASBURY OIL CO.**
 EPA NO. **CAD028277036**
 ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
 CITY, STATE, ZIP **Gardena, California 90249**

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Signature of Authorized Agent and Title

Date _____

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME OPERATING IND. INC. 18 QUANTITY (If Measured) 100 BARRELS

EPA NO.

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 19 STATE FEE (If Any) _____

PHONE NO. _____

(21) HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ ~~Landfill~~
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

[illegible]

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